CALIFORNIA ACUPUNCTURE BOARD

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State of California
Department of Consumer Affairs
Gray Davis, Governor

August 8, 2003

State of California
Little Hoover Commission
925 L Street, Suite 805
Sacramento, CA 95814

Attention: James Mayer, Executive Director

Dear Mr. Mayer,

This letter serves as the Acupuncture Board's full written testimony on the specific questions presented to the Board in the Commission's July 14, 2003 letter.

1. Why has the Board been unable to establish a definitive scope of practice to satisfy the sunset review committee? What efforts have been undertaken to do so?

A definitive scope of practice does exist for a practitioner of acupuncture and Oriental medicine. B&P Code Sections 4927 and 4937, in conjunction with *Legal Opinion 93-11*, prepared by Board's legal counsel in 1993, defines acupuncture and the wide range of modalities to treat most common disorders and diseases. In April 1997, the Board also adopted as a reference document the Council of Acupuncture and Oriental Medical Associations' March 1997 *Scope of Practice for Licensed Acupuncturists*.

The current scope of practice is a product of a dynamically evolving system of health care, incorporating new and proven technology when appropriate, so that the patients of Traditional Chinese Medicine (TCM) have access to the most current techniques available. This allows for greater patient safety and assures better treatment results.

The Board discussed the need to revise the *Legal Opinion 93-11* document with the Joint Legislative Sunset Review Committee (Joint Committee) and/or to codify a more definitive scope of practice into statute or regulation. The need to do so is a result of legislative changes that have occurred since 93-11 was written. The Joint Committee incorrectly interpreted codifying the scope of practice modalities and definitions described in 93-11into law as expanding the scope. However, doing so has no affect on the existing scope of practice, but only provides a more specific articulation of the legal basis for the scope that exists in the medicine today. The Board further expands on the scope of practice issue in its response to Question #2 below.

2. <u>Does the Board believe that the current scope of practice is adequate, and if not, what changes is the Board considering for recommendation to the Legislature?</u>

Yes. B&P Code Section 4927(d) defines acupuncture to mean "the stimulation of certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping and moxibustion." B&P Code Section 4937 authorizes an acupuncturist to utilize treatment modalities and procedures used to promote, maintain, and restore health; including the use of Oriental massage, acupressure, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal, and mineral products, and dietary supplements. Acupuncturists were included as primary treating physicians in the Workers Compensation system in 1989 and approved as a Qualified Medical Evaluator (QME)(Labor Code Section 3209.3(a)). Since the elimination of requiring a physician referral in 1979, an acupuncturist's scope of practice has expanded to include diagnosis. Thus an acupuncturist is allowed to diagnose, prescribe and administer treatment in the practice of acupuncture and Oriental medicine.

Though the Board considers the current scope of practice adequate there are three issues/areas that the Board still feels need to be addressed in legislation. As stated above, the need to do so is a result of legislative changes that have occurred since 93-11 was written. These issues were discussed with the Joint Committee during sunset review, but were referred to the Little Hoover Commission to review per the requirements of SB 1951 (Chapter 714, Statutes of 2002). The Joint Committee incorrectly interpreted that to legislate these three issues would somehow expand an acupuncturist's scope of practice.

1. <u>Amend B&P Section 4937 to Add Term "Diagnose"</u>

   Legal Opinion 93-11 found that the Legislature in repealing B&P Code Section 2155 (i.e., eliminating the need for a physician referral as a precondition for treatment by an acupuncturist) (Statutes of 1979, Chapter 488, effective January 1, 1980) authorized acupuncturists to diagnose a patient's condition prior to providing any treatment. Thus, although an acupuncturist is authorized to diagnose this critical function is not clearly stated in the law. Adding the term "diagnose" to B&P Section 4937 would not expand the scope of practice. Since 1980 acupuncturists have been authorized to diagnose within their current scope and in their daily practice. As defined in B&P Section 4926, acupuncturists are primary health care professionals. Primary health care professional means a licensed health care provider who provides initial health care services to a patient and who, within the scope of their license, is responsible for initial diagnosis and treatment, health supervision, preventative health services, and referral to other health care providers when specialized care is indicated. As a primary health care professional an acupuncturist may provide comprehensive, routine and preventative treatments, that includes but is not limited to, TCM diagnosis, palliative, therapeutic and rehabilitative care. Amending Section 4937 would accurately reflect the current scope and practice. On a daily basis acupuncturists assess and diagnose patients in order to provide an effective and quality treatment plan. The Board submitted draft language to the Joint Committee requesting the term "diagnose" be amended into Section 4937 and add various other language

revisions relating to enforcement (i.e., Section 4935, 4955, 4955.1, 4955.2 and 4960.2). The Joint Committee incorrectly interpreted codifying the term "diagnose" into Section 4937 as expanding the scope. They further reported in the sunset hearing background paper, "it is unclear exactly what is within an acupuncturists' scope of practice currently and what the proposed Board provision will add or clarify." Therefore, SB 1951 only included the enforcement language, which became law January 2003.

2. Revise and Codify *Legal Opinion 93-11* Statutes and Regulations
   The definition and practice of acupuncture is set forth in B&P Code Section 4927 (e) and 4937 (b), however specific treatment modalities addressed, defined and approved in *93-11* are not addressed in statute or regulation. For instance, L*egal Opinion 93-11* states that "the Legislature in repealing former Section 2155 has authorized acupuncturists to diagnose a patient's condition prior to providing any treatment." In addition, *93-11 opines* an acupuncturist is legally authorized to order blood tests, laboratory tests, and x-rays, and use naturopathic techniques. *Legal Opinion 93-11* goes further to identify unauthorized modalities such as ultrasound devices or chiropractic services. Amending all specific treatment modalities an acupuncturist is authorized to use into statue and regulation would provide the public, legislature, insurance companies and the profession with a clear and succinct reference document.

3. Changing Board's Name to "California Board of Acupuncture and Oriental Medicine"
   During the Board's sunset review process of 1997-1998, the Board formally requested a name change to the "Board of Acupuncture and Oriental Medicine" to better describe the profession and the practice. The Board testified that its current name did not adequately describe the full scope of practice as described in the Acupuncture Act. The definition and practice of acupuncture are set forth in B&P Code Section 4927(d). Section 4927 defines acupuncture to include the insertion of needles and the stimulation of point(s) on or near the surface of the body and includes techniques of electroacupuncture, cupping and moxibustion. Section 4937(b) authorizes an acupuncturist to perform or prescribe Oriental massage, acupressure, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal, and mineral products, and dietary supplements, which make up a portion of what is considered Oriental medicine. Therefore, the use of "Acupuncture and Oriental Medicine" (AOM) would more accurately represent the full scope of the medicine to the public. The AOM acronym is used globally, in education, the profession, professional associations, and examination arenas. California's educational curriculum consists of an in-depth study of Oriental medical theory and diagnosis, acupuncture and herbs. Acupuncture is only one of the procedures included in the philosophy and scope of Oriental medicine. Adding Oriental medicine to the Board's name does not change, expand or affect the scope of practice of the profession, which has been regulated in California since 1975. The Joint Committee was concerned that adding Oriental medicine to the Board's name would somehow expand the professions' scope of practice.

3. **What is the Board's position on whether or not acupuncturists should be considered primary care practitioners?**

   The Board concurs with the legislative intent in B&P Code Section 4926 which reads in part, "……..individuals practicing acupuncture be subject to regulation and control as a primary health care profession."

4. **What level of education and experience would enable acupuncturists to safely perform as independently licensed primary care practitioners?**

   Since the commencement of licensure in California in 1975 health care and related technology have changed tremendously. The current level of education (i.e., 2,348-hours) has not kept pace with the expanded roll of a primary health care profession, which acupuncturists are. It is the responsibility of the Board to maintain an adequate level of educational requirements that match the entry-level knowledge, skills and abilities required of a licensed practitioner in California today. AB 1943 (Chapter 781, Statutes of 2002) established a minimum 3,000-hour curriculum requirement, effective January 1, 2005. The Board's goal is to ensure an acupuncturist possess a level of education that is consistent with levels of education for other primary health care professions in the United States. China, Korea and Taiwan have established international education standards for their health care professions. The profession of acupuncture and Oriental medicine must be able to adapt its educational standards to the ever-changing dynamics of science and technology applicable to the practice. The Board has discussed a 4,000-hour doctorate level requirement for entry into the profession; however, the Commission's review and recommendation must precede any increase in excess of 3,000 hours.

5. **What alternatives might there be for better integrating acupuncture with Western medicine, such as graduated levels of licensure for acupuncturists (e.g. in addition to acupuncturists, apprentice acupuncturists, master acupuncturists, and/ or joint acupuncturist- M.D.s)?**

   The issue of integration relates to the practice of Eastern medicine augmenting and complementing Western medicine. The driving force in the acceptance and integration of acupuncture and Oriental medicine and Western medicine has been and continues to be consumer demand. Countless professional journals and contemporary media are regularly reporting this phenomenon. Because of this evolution allopathic doctors are more accepting of, more often recommending, receive training in and incorporating Oriental medicine in their practice. Acupuncturists are developing partnerships with other medical practitioners and hospitals to offer a full array of health care services to the public. Likewise, acupuncture schools have established externship clinics for student practice in several major hospitals in Southern California.

   Regarding establishing different levels of licensure in California, the Board accepts that the practice of acupuncture and Oriental medicine could readily adopt limited levels of training and licensure consistent with other established health care systems practiced in the United States. SB 1951 amended B&P Code Section 4934.2 requiring the Board to conduct a comprehensive study of the use of unlicensed acupuncture assistants and the need to license and regulate assistants. The Board has sent two separate questionnaires to the licensees, the results of which are being compiled and will be presented to the members at the September 2003 Board meeting. However, preliminary

review of the responses does reveal a desire and a need for use of such assistants. If the review establishes and justifies the need for an acupuncture assistant within the profession, the Board would need to develop educational and licensing requirements to ensure competency.

6. What, if any changes in educational requirements does the Board recommend?

In accordance with the Board's mandate to establish educational standards for an individual to become a licensed acupuncturist in the state, in 2000 the Board unsuccessfully attempted to adopt a regulatory proposal to increase curriculum standards from the existing 2,348-hour standard established in 1985 to 3,200 hours. AB 1943 established a minimum of 3,000-hour curriculum requirement. The Board has discussed a 4,000-hour professional doctorate level requirement for entry into the profession; however, the Commission's review and recommendation must precede any increase in excess of 3,000 hours.

7. Has the Board considered alternative ways to augment educational requirements, such as through internships?

Yes, the Board has looked at alternatives. In May 1999, after the practical portion of the Board's licensing examination was eliminated by the Legislature, the Board passed a motion to require acupuncture students to participate in a two-year internship program prior to qualifying to take the licensing exam. The intent was to assure that students have the clinical experience needed to begin practice. This new requirement generated a huge negative response from students, with one of the arguments being that there were no established internship programs for students to enter. Because of the many obstacles associated with this new requirement, the motion was retracted at the August 1999 meeting.

As acupuncture becomes more integrated into the comprehensive approach to health care that consumers are demanding, the Board hopes that internships in hospital settings will become a realistic option for students to augment the didactic and clinical training they receive from their schools. This alternative is not viable at this time.

sThe Board has strongly encouraged mentoring between recent graduates and L.Acs to facilitate a smooth transition for new licensees in terms of both patient care and business management and to better prepare graduates for daily interactions with other health care practitioners. The Board would like to the see the professional associations initiate formal mentoring programs for new graduates to participate in, but it is out of the Board's purview to establish such a requirement.

8. Does the Board recommend using indicators of ability to perform well as an acupuncturist in addition to education and examination requirements?

The Board relies on education and examination indicators to qualify for licensure. The licensing process includes both education and examination; therefore applicants must posses the requisite education and pass the licensing examination to qualify for licensure. The licensing examination is not intended to be the sole determinator of qualifications nor is it able to test for all the knowledge,

skills and abilities required of an acupuncturist, however it is the only uniform objective standard or indicator applied to all candidates. The Board is unaware of other reliable indicators.

The "indicators of ability to perform well" among "licensed" professionals are enforcement actions taken when violations of laws occur and client/patient satisfaction with results of services obtained. The Board does not recommend using indicators of performance beyond the universally recognized ones.

9. **What changes in continuing education requirements does the Board recommend for currently licensed practitioners who have completed less than 3000 hours of education? Does the Board recommend different levels of continuing education requirements, or re-testing of competency for practitioners licensed with differential education levels?**
In recent years most California-approved acupuncture schools have added classes well beyond the 2,348 hours required by law. In 2000, the average number of hours offered by the 22 approved schools was 2,928. Depending on where they obtained their schooling, recent graduates have completed anywhere from 2,623 to 3,350 hours. The Board also recognizes the significant educational value for years of practice after an acupuncture license is obtained. Therefore, the Board does not recommend changes to CE requirements for currently licensed practitioners or re-testing practitioners licensed with different education levels.

10. **Does the Board recommend increasing the number of education hours to 4000? Please explain the pros and cons of different levels of hours of education and what changes in competency are expected from the recently mandated increase to 3000 hours.**
The Board continues to support an eventual entry-level standard of 4,000 hours commensurate with the profession's status as a primary health care professional, which is in alignment with international accepted standards.

The reasons for this recommended increase in hours are many and varied. B&P Code Section 4926 defines acupuncture as a primary health care profession. The Board's main objective is to set a standard, which protects the consumer and assures a level of education which is consistent with all other first-contact health care professionals who provide comprehensive and routine care. All primary health care professionals need a core medical curriculum leading to basic medical understanding and an awareness of the strengths and weaknesses of other modalities to know when to refer and how best to communicate with other practitioners. All health care professionals must keep up with constant changes and improvements in modern science and medicine.

The Board was concerned by the results of a survey to new licensees performed in 2000, which indicated that a significant percentage of graduates from California's acupuncture schools do not feel they are adequately trained to begin practice. Specifically they indicated a lack of skills in clinical practice, western medicine and herbal medicine. To further confirm this finding, the 2001 Occupational Analysis performed by the Department of Consumer Affairs Office of Examination Resources showed two key content areas of practice which had increased since the previous analysis: western sciences diagnosis and use of herbs.

Surveys of other health care professions and schools of TCM in China show that all of these call for greater than 4,000 hours of training for entry level practitioners. In California, medical doctors complete 6,000+ hours and chiropractors have minimum requirements of 4,200 hours. In China, Beijing TCM College has a curriculum requirement of 5,651 hours while Chendu TCM College teaches 5,426 hours. The World Health Organization defines a minimal standard for basic training in acupuncture of 2,500 hours, not including an additional 450-600 hours for training in herbal medicine. Also a 1997 California Senate Office of Research report indicated that educational requirements for licensure of acupuncturists compared to other workers compensation "physicians" is inadequate, and by contrast, most other categories of workers compensation "physicians" are required to have 4,000 hours or four years of specialized academic and clinical training.

The Board's 2000 regulatory proposal to increase curriculum standards was withdrawn in mid-2001 due largely to political battles resulting from opposition from some schools and national organizations and a delay in processing of the proposal within the Department of Consumer Affairs. The Board then assigned a task force to look further at the issue and to make recommendations to the Board. This Competencies and Outcomes Task Force was composed of 20 stakeholders in the profession and met five times over a ten-month period to perform a detailed review of competencies and subject matter. The result was range of hours for each subject area, with a total of 3,251 at the low end and 4,045 at the high end of the range, for an average of 3,648. The task force recommended that the Board adopt 3,000 hours as a compromise standard that schools could meet within a relatively short time to address the schools concerns that they lack the resources to meet much higher standards at this time.

At about the same time in spring 2002, AB1943 was introduced in the Legislature to require that acupuncture schools teach a minimum of 3,000 hours of study in curriculum pertaining to the practice of acupuncture and that this revised standard would go into effect on January 1, 2005. The bill further declared the intent, upon passage of SB1951, to consider recommendations to increase curriculum hours for the licensure of acupuncturists in excess of 3,000 up to 4,000. The Board supported AB1943, which was passed by the Legislature and signed into law by the governor in September 2002

The Board's 2002-2003 Strategic Plan defined our education program as our Strategic Issue #1, with the goal of improving education to be commensurate with our status as primary health care professionals. The Board will continue to work toward accomplishing our defined objectives, including updating the curriculum to ensure that students are receiving appropriate training for practice, ensuring that curriculum requirements are reflective of the 2001 Occupational Analysis, and ensuring that all applicants are minimally qualified to treat patients in a safe and effective manner.

11. What efforts have been made by the Board to evaluate the national examination, administered by the National Certification Commission for Acupuncture and Oriental Medicine, to determine whether or not the national examination should be offered in California in lieu of, or as part of, the state examination?

Pursuant to Business and Professions Code section 4938 (c), in California, a candidate for licensure is required to "pass a written examination administered by the Board that tests the applicant's

ability, competency, and knowledge in the practice of an acupuncturist. The written examination shall be developed by the Office of Examination Resources (OER) of the Department of Consumer Affairs." OER possesses the requisite psychometric expertise to serve as a provider of services for examination development, occupational analysis, standard setting, and program review and evaluation. The California Acupuncture Licensing Examination (CALE) is performing at its highest level ever and has maintained a reliability level ranging from 92 to 97 percent. However, the Board has always had the policy of evaluating all avenues of testing, including consideration of contracting with a national exam provider to ensure a psychometrically sound and valid licensing examination in California. This issue was also discussed with the Joint Committee during the Board's sunset review processes. The Board has considered the National Certification Commission for Acupuncture and Oriental Medicine's (NCCAOM) exam and has had extensive discussion with NCCAOM about their exam. For example:

- March 14, 1998, Dr. Norman Hertz, then Manager of OER, and Marilyn Nielsen, Acupuncture Board's Executive Officer observed the NCCAOM clinical examination in San Francisco, and met with Christina Herlihy, NCCAOM Executive Director and several NCCAOM Commission members to discuss the national exam and other issues relating to exam procedures.
- June 24, 1999, Deborah Duncan of NCCAOM addressed and provided the Board with a demonstration on their new computerized examination.
- 1998-1999, the Board's Executive Officer represented the California Acupuncture Board as a member of NCCAOM's Task Force for School Equivalency.
- July 25, 2002, the Board extended an invitation for a NCCAOM representative(s) to appear before the Board to discuss the national exam.
- November 18, 2002, Christina Herlihy, CEO of NCCAOM, appeared before the Board to discuss the national exam and answer the members' questions. A copy of the verbatim transcript has been provided to the LHC.

Based on the above review the members took action at the March 12, 2003 Board meeting to retain the CALE as entry requirement into the profession. Consistent with the Board's policy to ensure a psychometrically sound and valid licensing examination the Board will continue to review and evaluate testing alternatives.

12. <u>What changes in the national exam would be needed for the Board to recommend using it in lieu of, or as part of, the state exam? What are the Board's concerns regarding the national exam?</u>

Both the Board and OER have historically shared the same position and concerns about the national examination. NCCAOM's "certification" examination serves a different purpose than California's "licensing" examination. The Board feels there are four issues that must be addressed, before any further consideration is given for California to utilize the national certification exam.

1. <u>Pre-graduation eligibility</u>

Students who have not yet graduated may take the national certification exam by documenting the completion of a minimum of 1,350 hours of education. However, graduation requirements for the

majority of acupuncture schools are currently at levels of 2,623 to 3,642 hours, or an average of 3,035 hours. Therefore, individuals could qualify for pre-graduation eligibility during the second year of their education, which, the Board understands a majority of the students do. The national certification exam has consistently maintained a minimum of an 80% passing rate and often upward of 90%, which is high, especially considering a great number of applicants have not even completed their education.

2. Excessive Cost of the National Examination

The cost of the CALE versus the national certification exam fee has been a genuine concern to the Board. The cost to a CALE applicant is $550. NCCAOM administers separate examinations for acupuncture, Chinese herbology and Asian bodywork therapy. A candidate applies for, pays and takes each exam separately. NCCAOM's fee for the acupuncture certification exam is $900, plus a $200 surcharge if a candidate is taking their exam in the Chinese or Korean language, $750 for the Chinese herbology certification exam, plus $200 for the language exams, and $750 for the Asian bodywork therapy exam.

3. Separation of Modalities or Modular System of Testing

The Board does not support the separation of the modalities of the medicine in the examination because it is inconsistent with the practical integration of the medicine and administration of the modalities in daily practice. NCCAOM develops and administers the acupuncture, herbology and Asian bodywork certification exams in separate testing modules.

4. Audit Quality of Each Examination by a Panel of Experts in Testing

The Board would support a full audit to be conducted of the national examination before passage is accepted as entry level for licensure in California. Students consistently have communicated and testified before the Board that they view the national exams as preparatory to the CALE and equate the national exam quality to their second year comprehensive exams at school. This testimony over the years has caused the Board to maintain a skepticism and concern regarding utilizing the national exam.

13. What are the Board's concerns regarding California's exam? What improvements does the Board recommend?

The CALE is developed by OER according to the *Standards for Educational and Psychological Testing* (*Standards)* published in 1999 by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education. The *Standards* are the criteria used by the psychometric and legal professions to judge whether examinations are legally defensible and psychometrically sound. The CALE development is an iterative process that requires multiple workshops using independent groups of licensed acupuncturists to write and review the questions and finally to select the questions for publishing in the CALE. Licensed acupuncturists are trained by OER staff to develop questions according to pre-established guidelines and procedures. The content of the CALE is based upon the results of the 2001 Occupational Analysis and constructed to test specifications derived from the Occupational Analysis. At this time there are no changes in the CALE development or administrative process that the Board would recommend. OER possesses the requisite psychometric expertise to serve as a provider of services for examination development, occupational analysis, standard setting, and program review and evaluation. The CALE is performing at its highest level ever and has maintained a reliability level ranging from 92 to 97 percent.

14. What are the Board's recommendations on whether or not to transition to using the approval process of the Accreditation Commission of Acupuncture and Oriental Medicine for approving schools?

B&P Code Section 4938 establishes the Board's authority to approve acupuncture schools. Section 4939 also requires schools in California to be approved by the Bureau of Private Postsecondary and Vocational Education (BPPVE) and for out-of-state schools, an appropriate "governmental" educational authority using equivalent standards. The Board does not accredit acupuncture schools, but approves the school and its curriculum program to ensure it meets the standards adopted by the Board. The approval process requires extensive

review of the application, governance, program curriculum, catalogs, admission policies, student and faculty policies and procedures, and financial solvency. Following the review of the application, a full on-site visit is performed to review implementation of application policies and procedures, facilities and clinical training. The Board and the BPPVE may perform a joint on-site visit, if the educational institution has applied to both entities for approval. The Board has no authority to review an institution that has not submitted an application. Institutional standards are defined in the Board's *School Site Visit Manual* and curriculum standards are defined in CCR Section 1399.436, copies of which were submitted to the Commission.

In 2001, the Board began to focus on reviewing and evaluating the school approval process. Public meetings were held to review the application and Board's site visit manual, policies and regulations relating to school approval, BPPVE's approval process and the Accreditation Commission of Acupuncture and Oriental Medicine's (ACAOM) accreditation process. In addition, BPPVE and ACAOM made presentations about their approval processes and how California could utilize or partner with them. ACAOM's didactic and clinical training program hour requirements have historically been well below that of California's.

In May 2002, a new accrediting agency was incorporated and began the process to become recognized by the U.S. Department of Education. The National Oriental Medicine Accreditation Agency (NOMAA) will accredit acupuncture schools offering a professional Doctor of Oriental Medicine (DOM) degree. However, this agency is too new to evaluate and with more than one agency established, it would be inappropriate for the Board to compare one to the other at this time.

Accreditation is not a replacement for governmental regulation. Public institutions receive their approval to operate through the state Constitution and legislative action. Accreditation is a voluntary, private-sector evaluation. Accrediting bodies cannot force institutions to comply with state and federal laws, and do not view their role as regulatory. There are three types of accrediting bodies, regional associations (e.g., the Western Association of Schools and Colleges); national accrediting bodies (e.g., the Association of Independent Colleges and Schools, the National Association of trade and Technical Schools); and specialized accrediting bodies (e.g., ACAOM, NOMAA, American Bar Association, National Education Association).

National scope, practice or educational standards "do not" exist in this profession, which is largely due to the variance in the scope of practice from state to state. The spectrum is wide and diverse, for instance, 11 states do not license acupuncture and Oriental medicine practitioners, others still require a referral from an allopathic doctor, and some states have a limited scope of practice, while the profession in California has a broader scope. Therefore, at the June 2002 Board meeting, the

members took a position to retain the Board's school approval process as a requirement for a graduate student to qualify for the CALE. Recognizing other approval or accrediting authorities may limit or compromise the Board's ability to improve educational and approval standards.

15. <u>If the Board is confident that the California exam and other licensing requirements adequately test for competency, why is the California Acupuncture Board in the business of accrediting acupuncture schools outside of California?</u>

B&P Code Section 4938 qualifies a student completing an educational program approved by the Board to sit for the licensing examination. B&P Code Section 4939 establishes the Board's authority to approve acupuncture schools and establish the educational and institutional standards of approved schools.

To qualify for licensure, applicants must posses the requisite education and pass the licensing examination. The licensing examination is not intended to be the sole determinator of qualifications nor is it able to test for all the knowledge, skills and abilities required of an acupuncturist. The licensing process includes both education and examination. Since education is a component of the licensing process it is necessary for the Board to approve schools and the curriculum program, which are to be used by candidates to qualify for licensure and ensure that such schools adequately prepare their graduates for professional practice. It would be inappropriate for the Board to limit its approval to only California schools and disadvantage out of state schools/students. Compliance with B&P Code Sections 4938 and 4939 does not allow the Board the discretion to discriminate against a school applying for California approval regardless of the location of the institution, whether within California or outside its boundaries.

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State of California
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Survey of States
Issuing Acupuncture Licenses
July 2003

The Acupuncture Board conducted a survey of all states and inquired as to the current number of licensees and whether their State accepts reciprocity of a practitioner holding a California license.

STATE	ACUPUNCTURISTS	RECIPROCITY	STATE	ACUPUNCTURISTS	RECIPROCITY
Alabama	***	N/A	Montana	123	NO
Alaska	52	NO	Nebraska	***	N/A
Arizona	335	NO	Nevada	38	NO
Arkansas	17	NO	New Hampshire	72	NO
California	7922	NO	New Jersey	328	NO
Colorado	826	YES	New Mexico	574	NO
Connecticut	120	NO	New York	2089	NO
Delaware	***	N/A	N. Carolina	169	NO
DC	157	YES	N Dakota	***	N/A
Florida	1357	YES	Ohio	39	NO
Georgia	83	NO	Oklahoma	***	N/A
Hawaii	507	NO	Oregon	528	NO
Idaho	125	NO	Pennsylvania	406	NO
Illinois	404	NO	Rhode Island	108	YES
Indiana	100	NO	S. Carolina	53	NO
Iowa	26	NO	S Dakota	***	N/A
Kansas	***	N/A	Tennessee	32	YES
Kentucky	***	N/A	Texas	600	NO
Louisiana	15	NO	Utah	67	NO
Maine	95	NO	Vermont	108	NO
Maryland	750	NO	Virginia	200	NO
Massachusetts	1035	NO	Washington	805	YES
Michigan	***	N/A	W. Virginia	60	YES
Minnesota	222	YES	Wisconsin	166	YES
Mississippi	***	N/A	Wyoming	***	N/A
Missouri	37	YES			

RECAP

	TOTAL
• California Active Licensees (FYI: 9,311 total licenses have been issued, however 1,389 are cancelled, deceased, revoked, denied or surrendered)	7,922
• Total of All Licensees other States (excluding CA)	12,828
• Number of States Accepting California Reciprocity	10
• Number of States that Do Not Regulate Acupuncture	11

*** As of 2001 Edition of Acupuncture and Oriental Medicine Laws Directory**
******* States that Do Not Regulate Acupuncture.